Executive Summary

VA Weight Management Executive Council
Conference Call
May 30, 2006

The VA Weight Management Executive Council met by conference call for two hours on May 26, 2006. NCP Director Linda Kinsinger, MD,MPH moderated the call. The last conference was almost one year ago – July 25, 2005. The Weight Management Executive Council was convened 3 years ago. This is the final call for the group. There has been a change in the Director of the VA National Center for Health Promotion and Disease Prevention (NCP). Steven Yevich, MD,MPH left VHA after a four year term and is now employed with another federal agency. Linda Kinsinger, MD,MPH was appointed as Director in the fall of 2005.

Final Report from Feasibility Study:

Results from the feasibility study were shared with the Executive Council. The multi-site uncontrolled trial was conducted between July 2003 and December 2004 to evaluate the feasibility of the *MOVE!* Program Levels 1 and 2. The study was undertaken to identify barriers for Level 1 and 2 implementation in primary care and to determine the usefulness of the computerized assessment tool, the treatment algorithm, and other program materials. A secondary goal was to measure the patient outcomes. Results of this evaluation have been used to inform further improvement in *MOVE!*.

Based on 439 patient cases for whom data were available, the mean participant weight at baseline was 258.4 lbs. and the mean BMI was 38.7. Men averaged 264.6 lbs, whereas women had a mean weight of 218.8 lbs. The mean overall weight loss across the six-month program was 4.66 lbs. ($p<.0001$). However, there was wide variation in weight loss among patients (standard deviation = 12.3 lbs). On average, there were 1.5 face-to-face enrollment and/or termination visits, consisting of completion of the computerized initial assessment questionnaire, initial goal setting and treatment planning, or completion of the final questionnaires and measuring of final weight at the end of the six-month study. In addition to the enrollment/exit visits, there were also 3 phone visits, 0.9 other types of contact, and 4.9 group visits per patient recorded across the six month period. A portion of the patients were followed only by phone (N=310). Those individuals treated within Level 1 (initial assessment, treatment planning, goal setting, and telephone follow up) lost an average of 3.2 lbs., whereas those who attended at least two group sessions lost an average of 6.9 lbs. ($p<.0025$). Patient satisfaction ratings were high, with 32% endorsing being “extremely satisfied, 41% “very satisfied”, and 21% “somewhat satisfied”. Ninety-two percent indicated they would recommend *MOVE!* to others.

Staff had positive overall evaluations of *MOVE!*. At the six month end point, 37% indicated they were “very satisfied”, 33% were “satisfied”, and 21% were “neither satisfied nor dissatisfied”. Very similar results were found when staff were asked if they would recommend the program to other health care providers or facilities. Barriers frequently identified by staff included lack of designated staff time, lack of formal training in weight control and/or in conduct of the program, difficulty with finding convenient computer access for patients to complete the initial assessment questionnaire, time needed to assist patients with completing the computerized assessment questionnaire, excessive length of both the questionnaire and the patient and staff reports that are generated based upon the patient’s responses, and lack of any method to automatically transfer the web-based computerized report into the computerized patient record system (CPRS).

Obesity Clinical Practice Guideline:

The joint Department of Defense/VA Obesity Clinical Practice Guideline (CPG) is still under review. The CPG is expected to be published by the fall. NCP has monitored this process closely to integrate the CPG with *MOVE!*.

***MOVE!* Update:**

The *MOVE!* Program has evolved through three phases: Pilot (July 2003-December 2004), Early Implementation launched in January 2005, and National Rollout in January 2006. A parallel process involved getting policy documents in place: Directive, Handbook and Program Guide. On March 27, Under Secretary for Health Jonathan B. Perlin, MD, PhD, MSHA, FACP signed the Managing Overweight and/or Obesity for Veterans Everywhere (*MOVE!)* Program VHA Handbook (1101.1). A *MOVE!* Program Guide is in the concurrence process. An umbrella VHA Directive which includes *MOVE!* may be released later this summer.

In preparation for national rollout, the *MOVE!23* was revised and integrated with CPRS. The *MOVE!* handouts were revised to be more clear and concise. There are 10 standard handouts and 105 handouts designed to address barriers identified in the *MOVE!23* or discovered through treatment. NCP contracted for translation of the handouts and the *MOVE!23* patient report into Spanish. A Spanish version of the *MOVE!23* will be programmed. NCP partnered with EES to develop a web-based discipline-specific training with continuing education credit. Toolkits were developed for three audiences: VISN and Facility *MOVE!* Coordinators, VA Medical Centers (VAMCs), and Community Based Outpatient Clinics (CBOCs). The contents of the toolkit include clinical references, program implementation guidance, and promotional materials. A workgroup, led by NCP staff, developed a pedometer Clinical Practice Recommendation (CPR), which resulted in the awarding of a national contract so that pedometers can be issued through Prosthetics Services at each VA facility.

Under current federal regulation, *MOVE!* stop codes generate a co-payment for patients in certain eligibility categories, and the co-payment has been identified as a significant barrier to ongoing involvement in *MOVE!.* The Under Secretary for Health has endorsed waiving the co-payment and revisions to the regulation are being drafted.

MOVE! has begun to receive national press. Secretary Nicholson held a press conference about *MOVE!* at the National Veterans Golden Age Games in Hampton, Virginia on May 12.

***MOVE!* Evaluation:**

Two purposes for the *MOVE!* evaluation: 1) provide a periodic summative evaluation report based on nationally aggregate data to VHA leadership, and 2) provide facility specific data for patient tracking and intervention, tracking of resource utilization, and benchmarking

A mixed methods evaluation is being planned to capture not only quantitative data, but also qualitative. The conceptual model being used is the RE-AIM framework developed and refined by Russell Glasgow and colleagues (AJPH 1999). An evaluation plan technical advisory group composed of VA Health Services Researchers and others is being formed. The core evaluation will include developing and validating the infrastructure to support baseline and on-going measurement of basic outcomes which can already be gathered from existing VA data sources. Methodologic expertise and consultation from VA central office staff and VA Health Services Researchers will be required. Additional evaluation outcomes could be measured by capitalizing on existing VA surveys for some limited primary data collection, but this is contingent on participation, collaboration, and additional funding provided by VA offices external to NCP. Patient outcomes beyond those available in the electronic medical record (e.g., health-related quality of life, nutrition and physical activity behaviors) or VA administrative databases will require primary data collection and will only be possible via collaborations with VA and non-VA researchers who will be encouraged to seek funding via grant mechanisms. The requirement for an annual report to be submitted by facilities is included in the *MOVE!* Handbook. Variation in facilities will be looked at to determine the difference in patient outcomes. Proclarity is the commerical software package being used in support of purpose #2. It provides a 3-dimensional view for network level, facility or patient level data.

HealthierUS Veterans:
HealthierUS Veterans is a parallel initiative. A unique joint VA and HHS Diabetes and Obesity Workgroup has been meeting over the last year. HealthierUS Veterans resulted from discussions among VA Secretary Nicholson, Surgeon General Carmona and HHS Secretary Leavitt. The focus of this joint initiative is to educate veterans, their families, and communities about the health risks of obesity and diabetes. HealthierUS Veterans is designed to help America's veterans, their families, and communities improve their health by eating healthier and moving more. HealthierUS Veterans will allow for reaching out to 70 million veterans and their families, many of whom do not use VA for their care. The HealthierUS Veterans brochure was sent to the Executive Council. More information can be found on the website, www.healthierusveterans.va.gov.

Promotion of the *MOVE!* Program is one component of the initiative. A Fit for Life Corps will involve veterans and their family members encouraging them to eat healthier and be more active. Corps members can serve as models for others and a liaison between the VA medical facilities and the community, work as volunteers at the VA medical centers helping with the *MOVE!* Program, and/or act as health or exercise buddies to other veterans offering motivation for behavior change. Training materials for the Fit for Life Corps are being developed. Providers can give their patients a Prescription for Health to recommend a number of steps to walk or a distance to roll in a wheelchair. Prescription pads have been mailed out to the VA medical centers. Forty communities nationwide have received grant funding from HHS to address physical inactivity, poor nutrition and tobacco use. VA medical facilities are partnering with these Steps to HealthierUS communities to address obesity and diabetes.

The initiative also includes a promotional campaign with kickoff events nationally and around the country. A press conference was held at the National Press Club in Washington, DC on February 27. The HealthierUS Fitness Festival was May 6th at RFK Stadium in Washington, DC. Two regional events have already occurred in Seattle (May 13) and Boston (May 19) and there are more to come.

Next Steps for *MOVE!*:
A *MOVE!* hotline toll free number and email address have been set up to answer questions from VA staff. VISN and Facility Coordinators and Physician Champions were identified last fall, and interdisciplinary teams were formed. Most facilities that had not already initiated *MOVE!* began to offer *MOVE!* in the first quarter of this year. The first annual report will be due at the end of October.

The *MOVE!23* is now on the internet. Through the appropriate toolbar launch VA staff can obtain *MOVE!23* data, which can be imported into the computerized medical record as an unsigned progress note. After editing/signing, this becomes an official progress note in the patient's record. Revision is underway to pull more data automatically from CPRS. The provider will no longer have to enter patient's name, SSN, date of birth, height, weight, gender, race and ethnicity. An anonymous staff report will also be programmed so that medical providers outside VA can use the *MOVE!23*.

A *MOVEmployee*! manual is being developed. NCP will be working on adapting *MOVE!* for those who are disabled and monitoring progress with *MOVE!* in regard to disparities with race, gender, ethnicity, and geography. Local modifications can be made as needed. Level 4 guidance is being developed with consideration of broadening to a more general level of intensive weight management treatment. VA is aggressively pursuing treatment of obesity. Program progress must be followed, obesity literature monitored and advances incorporated into the program.

Council Comments and Suggestions:
Council members had several comments. In addition to laudatory remarks, the Council members acknowledged that it was difficult to do an evaluation of such a program as *MOVE!* and make a business

case for prevention. Potential paybacks and outcome over time must be examined. A parallel to cost data was suggested: personnel commitment time. A request was made for training to be made available outside VA, on the internet. Point was made regarding the practical reasons for inpatient treatment of obesity considering the distance that veterans live away from the medical centers and their income level. Members supported the consideration of veterans with disabilities.

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